

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10595684

FILING DATE

5-4-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4	1					
5	0					
6	0					
7	0					
8	0					
9	0					
10	1					
11	1					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22		1				
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2		1			
TOTAL DEP.	20	←	19	←		←
TOTAL CLAIMS	22		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						